

Pay Period



1. Pay Period



2. Contractor



3. Public Body



4. Employee



5. Review

Pay Period

Payroll Start Date*

Payroll End Date*

Contract Number*

Project Number*

Project Address*

Project City*

Project State*



Project Zip Code*

Save & Continue

Contractor and/or Subcontractor



1. Pay Period



2. Contractor



3. Public Body



4. Employee



5. Review

Contractor and/or Subcontractor

Company Name*

Contact First Name*

Contact Middle Name

Contact Last Name*

Postal Address*

City*

State*



Zip*

Primary Phone*

Secondary Phone

Primary Email*

Secondary Email

Previous

Save & Continue

Public Body Information



1. Pay Period



2. Contractor



3. Public Body



4. Employee



5. Review

Public Body Information

Public Body Name*

Contact First Name

Contact Middle Name

Contact Last Name

Postal Address*

City*

State*



Zip*

Primary Phone

Secondary Phone

Previous

Save & Continue

Employee Details

Employee Details

First Name*

First Name

Middle Name

Middle Name

Last Name*

Last Name

Postal Address*

Postal Address

City*

City

State*

-- Select a state --

Zip*

Zip

Primary Phone*

Phone Number

Last 4SSN*

Last 4SSN

Work Classification*

Work Classification

Gender*

-- Select a Gender --

Ethnicity*

-- Select Ethnicity --

Race*

-- Select Race --

Is Veteran*

Yes No

Work Classification

	Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourl
Hours Worked	SUN	MON	TUE	WED	THR	FRI	SAT			
Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Hourly Fringe Benefit :

Pension Retirement

Health Insurance Welfare

Vacation

Training

Save

Employees

	Name	Last 4 SSN	Work Classification	Delete
No Employees have been entered.				

Previous

Save & Continue

Review

Review

Pay Period

Pay Period

4/1/2020 to 4/12/2020

Contract Number

A12345678

Project Number

P123456

ProjectAddress

1673 SEVEN PINES RD
SPRINGFIELD, IL 62704

Contractor or Subcontractor

Company Name

All Steel Ironworks, Inc. and AllSteel Iron, Inc

Contact First Name

Jason na Keller

Primary Phone

2174567888

Postal Address

1807 SEVEN PINES RD
SPRINGFIELD, IL 62704

Public Body Information

Public Body Name

SCchool

Contact First Name

Primary Phone

PostalAddress

1807 SEVEN PINES RD
SPRINGFIELD, IL 62704

Employee

Report hours for each day, including overtime hours, list hourly prevailing wage rate and hourly fringe benefits allotments

<div><div>Employee Name</div><div>Naveen Adabala</div></div> <div><div>Last 4SSN</div><div>1111</div></div> <div><div>Primary Phone</div><div>2174567890</div></div> <div><div>Work Classification</div><div>Associate</div></div> <div><div>Postal Address</div><div>1807 SEVEN PINES RD SPRINGFIELD, IL 62704</div></div>	Hours worked each day								Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
	Hours Worked	SUN	MON	TUE	WED	THR	FRI	SAT					GROSS	NET
	Prevailing	0.00	0.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	\$8.00	\$8.00	\$0.00	\$0.00
	Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Pension Retirement \$0.00													
	Health Insurance Welfare \$0.00													
Vacation \$0.00														
Training \$0.00														

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Certified By

☐ Do agree with certification*

First and Last Name

Previous

Certify

Confirmation Page



Confirmation

THANK YOU for the submission of your payroll. Please read the following message carefully

Certified Transaction of payroll has been submitted. The case number for this submission is 20-CTP-000001

Sample Email

Dear Contractor,

The Illinois Department of Labor (IDOL) has received "Certified Transcript of Payroll" that you filed on-line on Date 4/21/2020 3:24:49 PM, Your Case Number is **20-CTP-000001**.

Sincerely,

Certified Transcript of Payroll Act Section
Conciliation and Mediation Division
Illinois Department of Labor